

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE	
						APPLICANT(S)		09665617
CLAIMS								
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1		1						
2								
3								
4								
5		1						
6								
7		1						
8		1						
9		3						
10		1						
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50								
TOTAL IND.			3					
TOTAL DEP.			6					
TOTAL CLAIMS			9					